

Advising Form

(All identifying information **MUST** be completed)

| | | | | | | | | | |
|------------------------|--|-------|--|------|-------------------|--|-----------------------|--|-----|
| Name | | | | | Student ID# | | | | |
| Local Address | | | | | Permanent Address | | | | |
| City | | State | | Zip | City | | State | | Zip |
| Home # | | | | | Cell # | | | | |
| Email | | | | | Other Email | | | | |
| Emergency Contact Name | | | | | Phone # | | | | |
| Semester | | | | Year | | | Total Units Completed | | |

| COURSE NO. | TITLE | UNITS |
|------------|-------|-------|
| | | |
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| | | |

Progression (check box if out of sequence)

International Experience requirement met by:

Faculty Led Program (FLP) Date: _____

Modification to International Experience Date: _____

Alternative International Experience Date: _____

Items to be done/Comments:

Student's Signature

Advisor's Name

Date

Date